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*Facsimile Transmittal Sheet*

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**Date:** February 26, 2004

**To:** Examiner Delia M. Ramirez, Ph.D.  
*U.S. Patent & Trademark Office*

Phone: 571-272-0938  
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**From:** J. Michael Schiff  
Director, Intellectual Property  
*Geron Corporation*  
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**Number of pages including cover:** 12 (last page marked)

**OFFICIAL FILING**

Amendment for

**USSN 09/432,503**

*Please enter the enclosed papers into the Patent File*

Please type a plus sign (+) inside this box → 

PTO/SB/21 (08-00)

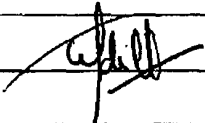
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/432,503
	Filing Date	November 2, 1999
	First Named Inventor	Thomas Cech et al.
	Group Art Unit	1652
	Examiner Name	Della M. Ramirez, Ph.D.
Total Number of Pages in This Submission: <u>10</u>	Attorney Docket Number	015389-002611US; 018/063c

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (8 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Change Inventorship <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	J. Michael Schiff, Registration No. 40,253
Signature	
Date	Feb 26/04

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: February 26, 2004			
Typed or printed name	J. Michael Schiff		
Signature		Date	February 26, 2004

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> 002611US; 018/063C	
In re Application of <b>Thomas R. Cech, et al.</b>			
Application Number <b>09/432,503</b>		Filed <b>Nov. 2, 1999</b>	
For <b>Increasing Proliferative Capacity of Cells Using Telomerase Reverse Transcriptase</b>			
Group Art Unit <b>1652</b>		Examiner <b>Delia M. Ramirez, Ph.D.</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>110</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07/1139.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

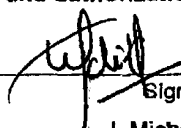
☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 40,253

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February 26/04  
Date

  
Signature  
J. Michael Schiff  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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